

Medicaid Basics

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I. **Types of Health Coverage for Students**

This section is a summary. For more information about Medicaid, call the **Medicaid Customer Service Center at 1-800-562-3022**.

The state has programs that can help children and families obtain health coverage. These include:

- A. **Washington Basic Health** (covers working families with part of the premium paid by the family)
- B. **Children's Health Insurance Program (CHIP)** for higher income students
- C. **Medicaid** (with or without private health insurance)*

A. **Basic Health**

Students who are not eligible for Medicaid or CHIP may be eligible for Basic Health. Basic Health provides coverage through private health plans throughout Washington State. Monthly premiums are based on family size, income, age, and the health plan selected. Co-payments are required for most services received. There are also deductibles and coinsurance.

For those who qualify for Basic Health, state funds will pay for a portion of the monthly premiums. This means that members may pay as little as \$10.00 per month for each enrolled adult. To qualify, applicants must live in Washington State, not be eligible for Medicare, and not be institutionalized at the time of enrollment. They must also meet Basic Health's income guidelines.

In addition, if a family qualifies for Basic Health, the children may be eligible for coverage at no additional cost through Basic Health Plus (200% FPL). BH Plus offers children a wider range of benefits, including dental and vision care, with no premiums or co-payment.

B. Children's Health Insurance Program (CHIP)

Students whose family income exceeds Medicaid levels may be eligible for CHIP. The qualifiers are that:

- They do not have other creditable insurance.
- They do not qualify for Medicaid.
- They are under the age of 19.
- The family income is 200% to 250% above the federal poverty level (FPL).

The following is the income guideline for 2004. The Federal Poverty Level (FPL) changes yearly in April.

250% poverty level (CHIP eligible)

- Family of 1: \$1,940
- Family of 2: \$2,603
- Family of 3: \$3,265
- Family of 4: \$3,928

The monthly premium is \$15.00 per month per child. The maximum a family is required to pay is three premiums (\$45). Children receiving CHIP must be on Managed Care unless there is good cause or live in a county that does not offer managed care.

C. Medicaid Eligibility

Students under the age of 19 who fall in one or more of the following categories may qualify for health care services through Medicaid:

- Students who qualify for the Free and Reduced Lunch Program (185% FPF)
- Students whose family income is at or below the 200% Federal Poverty Level (FPL)
- Pregnant teens

Students who meet the criteria above but are not citizens or qualified aliens may be eligible to receive Medicaid if they have an emergent medical condition. These children would be covered under the Alien Emergency Medical (AEM) program. AEM covers services related to the emergent condition only.

Student and their families who meet one of these criteria may contact their local Community Services Office for further information or to apply.

Children may live in many scenarios and qualify for Medicaid. Examples include:

- Children in single or two parent households
- Children with working or non-working parent/s
- Children living with relatives, other families, or friends
- Children who are homeless
- Children who are living alone

The following is the income guideline for 2004. The Federal Poverty Level (FPL) changes yearly in April.

200% poverty level (Medicaid eligible)

Family of 1: \$1,552
Family of 2: \$2,082
Family of 3: \$2,612
Family of 4: \$3,142

The 2003 State Legislation made some significant changes to Medicaid. The following items are now mandatory:

A family must complete an eligibility review every six months.

Income must be verified at the time of application, six-month review or whenever an income change is reported. .

The following methods may be used for verification of earnings:

- Pay stubs
- Employer letter
- DSHS systems check

Children no longer receive one year of continuous eligibility. An increase in the family's income or failure to complete a six-month review could cause termination of medical eligibility.

Children's Medicaid currently has no premium requirement. The legislature had proposed premiums for children with higher family incomes. These premiums have been delayed until at least July 2005.

Children eligible for Medicaid receive the following services:

- Doctor, nurse, and emergency room visits
- Dental
- Prescriptions
- Vision and auditory services
- Mental health
- Substance abuse
- Physical and speech therapy
- Durable medical equipment
- Transportation and interpreter services
- Pregnancy services for students under the age of 19
- Early and Periodic Screening, Diagnosis and Treatment (EPSDT)

EPSDT, or “Healthy Kids”, is an important component of Medicaid because it promotes proactive health care with frequent screening services. The program is covered under Healthy Options and Fee-for-Service. Coverage includes regular check-ups, immunizations, vision, dental, hearing and additional services as medically needed.

First Steps-Maternity Support and Case Management. These services include prenatal, delivery and family planning for up to twelve months. Newborns receive Medicaid for up to one year.

* If income eligible, students with private health insurance coverage can still qualify for Medicaid. Medicaid will pay for, co-pays, deductibles, and services that are not covered by insurance. Medicaid may also pay the private insurance premium. Medicaid is the payer of last resort. For information, call 1-800-562-3022.

II. Application Pathways

There are three application pathways:

- **Family Medical Benefits**
- **Children up to 250% of the Poverty Level** (Includes pregnant teens up to 19 years of age)
- **Pregnant Women** (Women over 19 years of age)

When assisting with applications, parents or students should be reminded that only the DSHS/State of Washington can determine eligibility. This is done through the Community Service Office. Staff can assist them in applying.

Students and their families should be encouraged to contact their local Community Services Office/CSO. (See Appendix B, Resources and Contact Information)

There is an on-line application service. www.onlinecso.dshs.wa.gov

Medical Coupons are issued monthly as long as the client remains eligible for services.

III. Health Care Delivery Models

There are three MAA Health Care Delivery Models:

- A. Healthy Options Managed Care
- B. Fee-for Service
- C. Primary Care Case Management (PCCM)

A. Healthy Options Managed Care

Healthy Options managed care is administered through contracts with licensed health carriers (plans). A health plan receives a monthly payment for each client to cover a wide range of medical services. Under this model clients obtain all of their contracted health care from or through their PCP. Program savings are achieved through appropriate and efficient use of services and the improved health status of clients.

In some counties where only one health plan is available clients may voluntarily enroll into Healthy Options or select the fee-for-service option (open coupon).

Eligible Groups

- **Clients eligible for Temporary Assistance for Needy Families (TANF);**
- **Pregnant women with family incomes up to 185 percent of the federal poverty level (FPL);**
- **Children with family incomes up to 200 percent FPL not eligible for other Medicaid programs and;**
- **Children with family incomes up to 250 percent FPL who qualify for the Children's Health Insurance Program (CHIP).**

THE ENROLLMENT PROCESS

Client Enrollment - Prior to enrollment into Healthy Options, each eligible household receives a Healthy Options information booklet. This booklet includes general program information, information about health plan choices in their county, an enrollment form to be completed and returned with a pre-paid, pre-addressed flyer.

Healthy Options information booklets have been translated into 16 languages for non-English speaking clients.

Clients complete the enrollment form indicating their choice of a Healthy Options health plan and a primary care provider, or they may call the Medical Assistance Customer Service Center (MACSC) toll-free line, 1-800-562-3022, to enroll.

B. Fee-for Service

Clients may go to any doctor who accepts Medicaid. The client uses a medical coupon or MAID (Medicaid Assistance I.D.). The medical provider bills MAA directly.

C. Primary Care Case Management (PCCM)

This service is for American Indians and Alaska Natives. The medical coupon will have “PCCM” listed under the HMO section.

This population has 3 options available:

- Healthy Options managed care (health plans),
- PCCM (Indian Health Services) or
- Exemption (FFS). No premium is required. Call 1-800-562-3022 to enroll.